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HEMI-SYNC® AS A COMPLEMENTARY TREATMENT WITH LONG-TERM RESIDENTS

by Richard Staudt, MOT, OTR/L, LMT, and Judy McKee, COTA/L

Richard Staudt earned concurrent Bachelor of Arts degrees in biology and psychology from Texas Lutheran University in 1989. He then attended Texas Women's University, Houston campus, for a Master's of Occupational Therapy in 1992. He and his wife, Katie, pursued travel therapy positions in long-term care settings across the United States. After settling in Carlisle, Pennsylvania, Richard attended massage therapy school and passed the examination for national certification and licensure. Richard is also a full instructor of the John Barnes Myofascial Release approach. He is currently the occupational therapy supervisor at South Mountain Restoration Center near Waynesboro, Pennsylvania. South Mountain is the sole remaining state-owned, long-term care facility in Pennsylvania.

Judy McKee currently holds the position of certified occupational therapy assistant at South Mountain Restoration Center. Initially employed as a restorative aide, Judy graduated from Penn State Mount Alto and returned to become an integral part of the occupational therapy department. During her twenty-one years in healthcare, Judy has also acted as a therapeutic activities service worker.

Experiences during Richard's formative years made him more than usually receptive to interventions such as Hemi-Sync. He comments, "There has always been a struggle between left- and right-brain perceptions within me." As a child in San Antonio, Texas, he was exposed to rich Hispanic culture and lore about how fevers and pains were relieved by mothers and grandmothers skilled in folk healing. His own grandmother wielded such knowledge and skill; the Staudt family recognized her unusual intuitive ability. Richard's open mind allowed him to perceive the unseen gifts that surrounded him. A hunger to know how living and non-living things worked became Richard's passion. For a while, he turned from intuition and instinctual learning to the sciences. Laws, theorems, and paradigms filled his left brain and the medical model was the new boundary of his reality.

After working with a population of adults with physical and cognitive disabilities, he began to yearn for more than textbook interventions, which usually brought only limited success. Richard's heart and senses were opened by a new treatment of the whole person, which satisfied his inner conflict. The John Barnes Myofascial Release approach with craniosacral therapy used music to stimulate the right brain while manually releasing soft tissue restrictions of the body. Recipients entered altered states of consciousness and sometimes re-experienced old childhood traumas or delved into emotional past-life episodes. Richard felt they were making "connections" between their bodies and minds that led to a "thawing" of their

conscious perceptions. Myofascial Release sensitized him to the possibilities of hemispheric synchronization with occupational therapy interventions.

Richard found that long-term care residents with physical disabilities benefited from a combination of approaches. However, South Mountain Restoration Center offered heightened challenges. The South Mountain Restoration Center has a 100-year-old history of evolving service to the community. It is the last remaining state long-term care facility in Pennsylvania. The median age range for residents is sixty-five, and they are unique. Along with age-related illness requiring nursing care, they also have underlying psychiatric illness. Many are on psychotropic medication. Functional levels range from minimal assistance to total assistance.

Judy McKee says, “I’m an occupational therapy assistant, Richard’s assistant. I’ve only known him for two years, and he has positively changed my life. I was doing the traditional things that occupational therapy school teaches you, and Richard has broadened my horizons.” Judy has twenty-plus years of service at South Mountain and a simple yet profound philosophy of occupational therapy. She feels that a resident cannot benefit from whole-person therapy unless his/her mind instinctually accepts and assimilates what it is receiving without fear or coercion and regardless of cognitive capacity. This is the goal Richard and Judy set for themselves, using Hemi-Sync® as the facilitator.

First, Richard and Judy met with the Medical Health Services Board of in-house physicians. After playing Hemi-Sync, Richard explained, “This is just to help relax.” The next step was to screen the residents. Those who were yelling out, who were considered difficult, were the ones they wanted. “We got our first referral from the behavioral health expert and started with a small Phillips CD player, with about eight or ten inches between the speakers, in the therapy clinic. The stereo was on a table, and the residents sat in front of it, probably four to six feet away. We finally got funds and purchased a CD stereo with detachable speakers, which can be placed at opposite sides of the room. Residents have small stereos by the bed in their rooms. *Sleeping Through the Rain, Inner Journey*, *Remembrance*, *Midnight*, *Nostalgia*, *Surf*, and *Cloudscapes* are the most frequently used Metamusic selections. Judy says, *Cloudscapes*, *Sleeping Through the Rain*, and *Inner Journey* are my three mainstays.”

The occupational therapists also created a Multisensory Room, much like what every sixteen-year-old wanted in the ‘60s. Black lights, glow-in-the-dark mobiles, hand-held fiber optic toys, and Hemi-Sync are presented at various “stations.” A dark background was chosen because it’s much easier for residents to perceive the contrast of light on dark. Judy tries one thing at a time, and whatever the person resonates with becomes the facilitation.

The following four case studies illustrate the dramatic effectiveness of Hemi-Sync within the challenging environment at South Mountain Restoration Center.

Case #1

N.W. is a ninety-four-year-old female with undifferentiated schizophrenia, which began at eleven years of age. She was institutionalized at the age of nineteen. No history of physical or sexual abuse was noted. N.W. was referred to Occupational Therapy because she would constantly pound and slap her face everyday until it was beet red. She had indentations on her skull from all the years of pounding. During self-care, she would cry out and could not tolerate touch. We hoped to see a reduction of self-abuse and acceptance of care. Once in therapy, she would not accept any tactile stimulation. Initial treatment consisted of behavioral modification, neuromuscular re-education, and traditional soft music approximately three times a week. Tactile defensiveness was reduced by 50 percent after implementing craniosacral techniques to the parietal and temporal bones. After approximately eight visits, with METAMUSIC® incorporated into the sessions, head striking ceased for thirty to sixty minutes of a one-hour session. This dramatic change was difficult for staff to believe. After about another eight sessions, N.W. made eye contact. After the third or fourth month, she actually started reaching out to her environment, extended her right hand to greet us, and would reach out and hold the hand of her caregiver. She eventually tolerated grooming and skin management without self-injurious behavior. A learned response also appeared to have developed. She would automatically cease or reduce her abusive behavior and become more relaxed when brought to the Occupational Therapy Department. To optimize carry-over, a portable stereo was placed in her room with her favorite *Metamusic* selections.

After seeing these dramatic results, we felt obligated to try Hemi-Sync with R.Y. This resident possessed a long history of self-abusive behavior and a habit of screaming so loudly that she could be heard in the parking lot from the sixth floor!

Case #2

R.Y. is a seventy-three-year-old female, severely retarded since birth. Her mother cared for her until she was thirty-six; then she was institutionalized. R.Y.'s diagnoses are dementia and behavioral problems that include screaming, pulling her hair, and scratching herself to the point of self-mutilation. She would rub her face, eyes, and lips repeatedly, until they were raw. She did not communicate and was considered to be legally blind. We brought her to the Multisensory Room, and played *Sleeping through the Rain* two times a week. One of R.Y.'s eyes seemed to have some sight, and she responded to the overhead mobiles. Following the first month, she spontaneously said, "You're red," to Judy. Three months into occupational therapy, she accepted and would lift her foot for massage. R.Y. usually resisted touch by hitting, kicking, or bouncing in her chair. Soon, her compulsive self-injurious pattern was reduced to occasional light stroking that didn't cause irritation. Yelling out was reduced to one or two times per one-hour session, and eye contact was maintained during conversation with staff. Within approximately five months of sessions including Hemi-Sync, R.Y. was calm and

quiet for up to forty minutes of each one-hour session. She also made a complete, relevant statement regarding the softness of a plush stuffed rabbit given to her by the activity worker—an unprecedented event. A portable CD player with Hemi-Sync, overhead mobiles, and colorful banners were placed in her room for their calming effect.

We monitored residents who could not express themselves verbally by their body language, frequency of vocalization, and intensity of any movements. We had to look for really subtle changes, and hoped for an opportunity to learn from someone who could verbalize their thoughts about Hemi-Sync.

Case #3

Our wish was answered when the secured unit received a new admission. This eighty-one-year-old woman had a diagnosis of chronic schizophrenia with psychosis, Alzheimer's disease, and anorexia. Recurrent major depression and self-reported auditory hallucinations were also recorded. M.A. was referred to occupational therapy because she would walk out without finishing meals and sometimes remained in her room for entire shifts. She could express herself verbally but unemotionally. She would also strike out at staff and other residents. She was initially wary of the Multisensory Room, so we started Hemi-Sync in the open clinic during simple cognitive tasks. Developing trust allowed Judy to start sessions in the Multisensory Room using the *Remembrance* CD, which markedly decreased M.A.'s anxiety. After a month of sessions three times weekly, M.A. would seat herself in a beanbag chair without hesitation and remain there for craniosacral techniques. During one session, the *Inner Journey* CD was being played when she let out a loud scream and exclaimed, "I didn't do it! I didn't do it!" She refused to elaborate on her statement; however, since that "release" she has been more relaxed both on and off the unit. She recognized Judy off the OT floor and requested to attend sessions at scheduled times.

Case #4

N. was essentially immobile and suffered from contractures. She cried and moaned almost constantly. She received Tylenol® for pain. She was brought to the Multisensory Room and put under the space mobile with glow-in-the-dark stars, just on the chance she could see them. Judy kept talking to her and touching her. If N. was doing a lot of moaning and crying and was really restless, after fifteen to twenty minutes with Hemi-Sync, there was no more moaning and crying. Now she responds with "baby coos." Working on her arms has loosened one of them up, and she can move one finger. Many times now she's not making a sound when she comes down for therapy, and the moaning and crying isn't as frequent on the floor. There's been some weight gain, although her meal regimen hasn't changed. We'd like to pursue research and documentation in situations like N.'s. In individuals who have long-term or short-term contractures, joint mobility and range of motion would be measured. Then, after incorporating

Hemi-Sync with the neuromuscular manual therapies, we'd check to see if there was a difference. Presently, we check the chart for decreases in medication each time a resident improves. Most of the time there's no decrease, but we're heartened that usually there's no increase in quantity or dosage.

These cases are pioneers in the integration of complementary and traditional interventions at South Mountain Restoration Center. The Occupational Therapy Department, encouraged by these successes, plans to investigate the utilization of Hemi-Sync in the dining areas. The dining rooms are sort of like middle school cafeterias. The residents get supplements, protein powders, and everything they need. They just do not want to eat because of the disruptive atmosphere. Responses could be measured through weight gain, number of different foods accepted, relaxation, and focus of attention. We also envision Hemi-Sync relaxation rooms on each unit. The rooms would be a sanctuary away from the hustle-and-bustle on the floor—somewhere residents could go on their own or be taken by a staff member if they are agitated. There's a lot of wonderful cultivation waiting to be done at our facility and others.

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